



Purpose of this form

This form is to assist you to claim compensation from the Australian Government Department of Human Services for loss or injury you may have suffered as a result of our negligence or defective administration.

Please read these notes before you fill in the form. They tell you about:

- settlements in cases where the Commonwealth is legally liable, and the Compensation for Detriment caused by Defective Administration (CDDA) Scheme
- what sort of losses or injuries you can claim compensation for
- the process for deciding your claim, **and**
- your right to seek assistance from the Commonwealth Ombudsman.

Legal liability

The decision whether to pay compensation must be based on whether there is a meaningful prospect of liability being established. Settlement of the claim must be in accordance with legal principle and practice. For a claim of negligence causing loss or damage to succeed, the following must be established:

- a duty of care to a reasonable standard was required
- a failure to conform to that standard occurred (that is, a breach of that duty)
- the person suffered reasonably foreseeable economic loss because of the breach of the duty of care, **and**
- there is a reasonable connection between the breach of the duty and the economic loss suffered.

Compensation for Detriment caused by Defective Administration (CDDA)

If it is decided that there is no meaningful prospect of the Commonwealth being found to be legally liable, the CDDA Scheme may be applicable. The CDDA Scheme provides for compensation to be paid where a person has suffered reasonably foreseeable financial loss, personal injury, or property damage where one or more of the following 4 criteria have been met:

- a specific and unreasonable lapse in complying with existing administrative procedures that would normally have applied to the claimant's circumstances, **or**
- an unreasonable failure to institute appropriate administrative procedures to cover a claimant's circumstances, **or**
- giving advice to (or for) a claimant that was, in all circumstances, incorrect or ambiguous, **or**
- an unreasonable failure to give to (or for) a claimant, the proper advice that was within the official's power and knowledge to give (or was reasonably capable of being obtained by the official to give).

We apply the guidelines for the CDDA Scheme published by the Department of Finance in the relevant Resource Management Guide 409 – for more information, go to **finance.gov.au** and search for 'CDDA'.

Types of loss

You can claim for loss or injury including:

- economic loss arising from personal injury (such as medical expenses)
- economic detriment that is not related to a personal injury (pure economic loss), **and**
- detriment relating to damage to property.

Note: Under the CDDA Scheme compensation is not payable for grief or anxiety, hurt, humiliation, embarrassment, disappointment, stress or frustration that is unrelated to a personal injury, no matter how intense the emotion may be.

Important: You can only claim losses which were caused by our negligence or defective administration, and the losses you have suffered must be reasonably foreseeable and not too remote. If there were reasonable actions you could have taken to avoid or limit your loss, we will take this into account when considering an offer of compensation.

Before lodging your claim for compensation, talk to us about whether there is any other way to remedy the problem.

Options such as review or appeal should be explored before a claim is considered under the CDDA Scheme.

Compensation Application

Claim process

We will send you an acknowledgement letter within 5 business days of receiving your claim and provide you with the name and direct contact details of the case manager handling your claim.

We aim to resolve claims within 90 days, however, this will not always be possible. The authorised officer will make a decision about your claim and you will be notified in writing of the outcome.

If you disagree

If you are dissatisfied with the decision or the way we have handled your matter, you can contact the case manager directly to discuss and/or seek assistance from the Commonwealth Ombudsman. The Ombudsman can look at whether the decision was fair and reasonable in the circumstances. You can call the Ombudsman's office on **1300 362 072** for the cost of a local call anywhere in Australia.

Filling in this form

- **Please use black or blue pen.**
- Print in BLOCK LETTERS.
- Mark boxes like this with a ✓ or ✗.
- Where you see a box like this ► **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

Returning your form

Check that all required questions are answered and that the form is signed and dated.

Return this form and any supporting documents to us so we can process your application.

You can return this form and any supporting documents:

- by post – return your documents by sending them to:

**Department of Human Services
Customer Compensation
Legal Services Division
Reply Paid 7788
CANBERRA BC ACT 2610**

For more Information

Go to humanservices.gov.au or call us on **1800 995 496** or visit the Department of Finance website finance.gov.au for more information about the CDDA Scheme.

If you need a **translation** of any documents for our business, we can arrange this for you free of charge.

To speak to us in languages other than English, call **131 202**.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

If you have a hearing or speech impairment, you can contact the **TTY service** on Freecall™ **1800 810 586**. A TTY phone is required to use this service.



Compensation Application

Australian Government

Department of Human Services

1 Do you need an interpreter when dealing with us?

This includes an interpreter for people who have a hearing or speech impairment.

No **Go to 4**

Yes **Go to next question**

2 What is your preferred spoken language?

3 What is your preferred written language?

4 Your name

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

5 Your date of birth

6 Your Centrelink Reference Number (if known)

Your Child Support Reference Number

Your Medicare Card Number

Ref No.

7 Your permanent address

Postcode

8 Your postal address (if different to above)

Postcode

9 Please read this before answering the following question.

If you provide an email address or mobile phone number, you may receive electronic messages (SMS or email) from us. To read the Terms and Conditions, go to humanservices.gov.au/em or visit one of our service centres.

Your contact details

Daytime phone number ()

Mobile phone number

Email

10 Why do you think you are entitled to compensation from the Department of Human Services?

Please set out the action or inaction of the Department of Human Services that you consider has caused your loss. **Include** details such as dates, who you spoke to, the location of the service centre, and any other details that may be relevant.

Note: If your claim concerns a bank dishonor fee, you must attach a copy of your bank statement or a letter from your bank as evidence of the fee.

If you need more space, attach a separate sheet with details.



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11 Are you seeking monetary compensation?

No **Go to 13**

Yes How much money are you claiming?

\$

If the amount is unknown, or you wish to provide more information, give details below

Form area with horizontal dashed lines for providing details.

If you need more space, attach a separate sheet with details.

12 List and attach copies of any relevant documentation in support of your claim.

Form area with horizontal dashed lines for listing documentation.

If you need more space, attach a separate sheet with details.

Go to 14

13 If you are not seeking monetary compensation, how would you like your claim to be addressed (for example, a written apology)?

Form area with horizontal dashed lines for providing details.

If you need more space, attach a separate sheet with details.

14 Have you pursued other appeal avenues (e.g. internal review, tribunal, courts)?

No **Go to 15**

Yes What is the status or outcome of those appeals?

Form area with horizontal dashed lines for providing details.

If you need more space, attach a separate sheet with details.

15 IMPORTANT INFORMATION

Privacy and your personal information

Your personal information is protected by law, including the *Privacy Act 1988*. The Australian Government Department of Human Services (the department) needs the personal information collected on this form to process your compensation claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy or by requesting a copy from the department.

16 Statement

I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.
- the Australian Government Department of Human Services can make relevant enquiries to make sure I receive the correct entitlement.

Your signature

Signature line with a pen icon.

Date

Date input field with slashes: / /